

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 14-97—sSB 10

Insurance and Real Estate Committee

Appropriations Committee

AN ACT CONCERNING COPAYMENTS FOR BREAST ULTRASOUND SCREENINGS AND OCCUPATIONAL THERAPY SERVICES

SUMMARY: This act prohibits certain health insurance policies from imposing a copayment of more than \$20 for a breast ultrasound screening for which the policies are required to provide coverage. By law, policies must cover a comprehensive breast ultrasound screening if a (1) mammogram shows heterogeneous or dense breast tissue based on the American College of Radiology's Breast Imaging Reporting and Data System or (2) woman is at an increased risk for breast cancer because of family history, her own breast cancer history, positive genetic testing, or other indications her physician or advanced practice registered nurse determines.

The act also prohibits certain health insurance policies from imposing a copayment of more than \$30 per visit for in-network occupational therapy services performed by a state-licensed occupational therapist. Effective January 1, 2015, PA 13-307 similarly limits copayments for in-network physical therapy services performed by a state-licensed physical therapist.

The act applies to individual and group policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; or (4) hospital or medical services, including coverage under an HMO plan. The copayment limitation for breast ultrasound screening also applies to individual policies that cover limited benefits. Due to the federal Employee Retirement Income Security Act, state insurance benefit mandates do not apply to self-insured benefit plans.

EFFECTIVE DATE: January 1, 2015

OLR Tracking: JLK:DC:PF:ro